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## PART B - FEE(S) TRANSMITTAL

Compare and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

(Depositor's associ (Sign:

(Date

APPLICATION NO. 10/681.473

FILING DATE 10/08/2003

Missoum Moumene

**DEP 5169** 

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TITLE OF INVENTION: INTERVERTEBRAL MOTION DISC HAVING ARTICULATION AND SHOCK ABSORPTION

APPLN. TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/28/2006		
EXAM	INER	art unit	CLASS-SUBCLASS					
REIMERS, A	NNETTË R	3733	623-017130					
CFR 1.363).  Change of corresp Address form PTO/S	lication (or "Fee Address )2 or more recent) anach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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a. Applicant claim	atus (from status indicate as SMALL ENTITY stat ad Publication Fee (if rec records of the United St	us. Sec 37 CFR 1.27.		ger claiming SMALL EN	FITY status, See 37 CFF	t 1.27(g)(2).		
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